

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1330

368

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. 5018, Agnes St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 5018 Agnes St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. N. James Robinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1873
7. AGE YEARS 58 MONTHS 4 DAYS 12 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) La Grange (STATE OR COUNTRY) Missouri

13. NAME O. B. Ray

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

15. MAIDEN NAME Mrs. Maron

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

17. INFORMANT Rev. N. James Robinson (ADDRESS) 5018 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 1/31/32

19. UNDERTAKER W. H. Newcomer's Sons (ADDRESS) Kansas City, Mo.

20. FILED 1/30/32 Dr. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 15/31, 1931, to Jan. 30, 1932
I last saw him alive on Jan. 5/32, 1932. Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma uteri Date of onset _____

Other contributory causes of importance: 48 48

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ①
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____ (Signed) Ferry E. Little, M. D.
(Address) 1022 Rayburn Bldg -
K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1022 Argyle Bldg.
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